

SYNCOPE/NEAR SYNCOPE

Syncope/Near Syncope (fainting or feeling faint) should be regarded as a potentially serious complaint until proved otherwise. Syncope/Near Syncope implies a temporary interruption of normal circulation. Common causes are: vasovagal (usually in response to noxious or anxiety producing stimuli or pain), hypotension (absolute or orthostatic), anemia, hypoglycemia, arrhythmia (any type), overdose, or pregnancy. Less common causes include: pulmonary embolism, or subarachnoid or intracerebral hemorrhage.

1. Assess vitals. **Orthostatic pulse and blood pressure** after 1 minute standing if patient condition permits. Ask about fluid/blood loss, fluid intake. Consider **IV fluids**.
2. Ask about diabetes and medications. Check **glucose**, correct if low (<60). See protocol S.
3. Check O₂ saturation if available. Supplemental **O₂** as indicated. Ask about risk factors for blood clots: immobilization, recent surgery, and cancer.
4. Ask about history of arrhythmias or heart problems, medications. Check cardiac rhythm if able. Treat dangerous arrhythmias as appropriate.
5. Ask childbearing aged females about possibility of pregnancy.
6. **Contact Medical Control**. Due to the potentially serious causes, no patient with Syncope/Near Syncope should be released as “No Care Required”.
7. Medical Control Options:
 - a. Consider **IV fluid bolus** if hypotensive or orthostatic.
 - b. Support EMS providers in advising patients of potential serious consequences (including death) if care is refused.
 - c. Closest facility if deterioration anticipated.